| DMV Technician: MATTheus 5 VAMES Position | on: 1 or 2 | | |
|--|------------|-----|-----|
| Station: 12 1 M- Date: 8 -1073 Time: | | 10. | az |
| Vehicle Make: ToxoTA Model Privs- | Year | 20 | 08 |
| GVWR: Fuel Type: GA5- Registration N | umber: | 364 | lod |
| Auditor: Covert/Over | | | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 1 | | |
| 2. Was Emissions testing required? | V | | |
| a) Was Emissions testing performed using OBD? | V | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | L |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | 1 |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | 1 |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | 1 | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | L | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |

| DMV Technician: Quis & Mark Positio | Position 1 or 2 | | |
|---|-----------------|------|-----|
| Station: wilm Date: 8-16-13 Time: 10.28 Wehicle Make: Ford - Model Fusion Year 2007 | | | |
| Vehicle Make: Ford - Model Fusion | Year | 200 | 7 |
| GVWR: Fuel Type: 6A5 Registration N | umber: | 743 | 500 |
| Auditor: Overdale Covert/Overt | (circle | one) | |
| | 8 | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 6 | | |
| 2. Was Emissions testing required? | 6 | | |
| a) Was Emissions testing performed using OBD? | 1 | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | - |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | 4 |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | _ |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | 1 | 8 |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | - | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | 1 |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |

| DMV Technician: Lerove he Tshu Positio | n: For | 2 | |
|--|---------|------|------|
| Station: Wi/m Date: 8-16-13 Time: | | 1:20 | |
| Vehicle Make: Honda Model ODESSY | Year | 200 | 0 |
| GVWR: Fuel Type: Registration N | umber: | pr. | 2957 |
| Auditor: Covert/Overt | (circle | one) | |
| | | 0. | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 1 | | |
| 2. Was Emissions testing required? | - | | |
| a) Was Emissions testing performed using OBD? | 0 | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | - |
| a) Was Catalytic Converter inspection performed? | v I | | |
| 4. Was Fuel Tank pressure testing required? | | | L |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | U |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | 1 | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | (| | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | . 1 |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | - | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |

| DMV Technician: Hoha DAn Positio | Position (1 or 2) | | |
|--|-------------------|------|-----|
| Station: Wilm Date: 8-16-13 Time: | 10 | 1:30 | |
| Vehicle Make: Hyunde Model TON | Year | 200 | 8 |
| GVWR: 2/92 8 Fuel Type: 6 Pt S Registration N | | | 399 |
| Auditor: Covert/Over | (circle | one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 1 | | |
| 2. Was Emissions testing required? | 6 | | |
| a) Was Emissions testing performed using OBD? | . 0 | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | 6 |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | 4 |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | 1 |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | 1 | - |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
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| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | ~ | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | |